



The Commonwealth of Massachusetts
Department of Public Safety
One Ashburton Place, Room 1301
Boston, Massachusetts 02108-1618
Phone (617) 727-3200 ~ Fax (617) 727-5732

INSPECTION APPLICATION - PRESSURE VESSEL DATA

(One Application per Pressure Vessel)

New Installation ()	Insurance Cancellation ()
TYPE OF PRESSURE VESSEL	CHECK ONE:
Air Tank, Horizontal	() Inspection Fee - \$50.00
Air Tank, Vertical	() Inspection Fee - \$50.00
Boiler, Cast Iron Sectional	() Inspection Fee - \$50.00
Boiler, Other:	() Inspection Fee - \$100.00
Refrigeration/Air Conditioning – 20 ton capacity	() Inspection Fee - \$60.00 (minimum)
\$2 fee for each additional 20 tons	Additional Tons _____ Additional Fee \$ _____
(Maximum inspection fee for Refrigeration/AC is \$300)	(Maximum inspection fee for Refrigeration/AC is \$300)
	Add Mandatory Certificate Fee - \$50.00
	Total Amount Due/Enclosed: \$ _____.
	Check Number Enclosed: _____

Manufacturer: _____ Year: _____

National Board # _____ Not to exceed _____ lbs/sq in

In compliance with M.G.L., Chapter 146 and application regulations, the undersigned applies for the required inspection.

Signature of Owner or Authorized Representative

Date

OWNER/USER INFORMATION (please print)

NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TELEPHONE NUMBER: _____ PAYMENT EMAIL: _____

LOCATION OF PRESSURE VESSEL (please print)

NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TELEPHONE NUMBER: _____ CERTIFICATE EMAIL: _____

Mail application and payment to:

Commonwealth of Massachusetts - Boiler Inspection Program, P.O. Box 417599, Boston, MA 02241-7599

Enclose a check or money order made payable to: The Commonwealth of Massachusetts.

Revised May 2012